

GATE PASS REQUEST / AUTHORIZATION

NAME		DATE OF BIRTH	SSN #	DRIVER/ID #
1				
2				
3				

ALTERNATES

4				
5				

Business Affiliation: _____ Date/Time of Event: _____

Area(s) Involved: _____ Purpose: _____

Equipment: _____ Requested by (Escort): _____ Ext: _____

Designee Authorizing Request: _____

Title: _____ Date: _____

Date of CLETS Clearance: _____ By: _____

Date of AVIS Clearance: _____ By: _____

**THE ABOVE INFORMATION IS CONFIDENTIAL.
DO NOT DISTRIBUTE!**